

FILED
Feb 14, 2003 8:00 am
Secretary of State


1/31

01-31-2003 90164 001 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S54889

1. Entity Name
CITY BOY'S TIRE & BRAKE, INC.



Principal Place of Business
**300 N. MAIN ST.
 HIGH SPRINGS FL 32643
 US**

Mailing Address
**P.O. BOX 2790
 HIGH SPRINGS FL 32643**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3064624** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

55006871



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ELLISON, JUSTIN W
 330 N MAIN
 HIGH SPRINGS FL 32643**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Justin W Ellison Vice President* DATE **1-28-03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ELLISON, JUSTIN W	
STREET ADDRESS	330 N MAIN	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	PS	<input type="checkbox"/> Delete
NAME	WOODWARD, JANE E	
STREET ADDRESS	14313 NW 148TH PL	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Justin W Ellison* Date **2-13-03** 386-454-2193

CR2E034 (10/02)